

Patient label here

**CLIENT EDUCATION/ CONSENT FORM FOR SUBDERMAL CONTRACEPTIVE IMPLANT
(NEXPLANON/IMPLANON)**

I, _____, hereby acknowledge that I was given an opportunity to ask questions about all forms of birth control, meaning all prescription, non-prescription, and natural methods. All of my questions were answered to my satisfaction and I understood all of those answers. I understand that no method of birth control, except abstinence, is 100% effective against pregnancy or contracting sexually transmitted diseases, including the Human Immunodeficiency Virus (HIV) infection that leads to the Acquired Immunodeficiency Syndrome (AIDS) disease.

I also acknowledge that the following issues regarding subdermal implant were explained to me before I voluntarily decided to use this method of birth control.

BENEFITS: I have been told that the implant is 98-99% effective. I have been told the implant provides protection from pregnancy for 3 years.

YOU SHOULD NOT USE THE IMPLANT IF YOU HAVE:

- _____ Current or a history of severe liver disease or abnormal liver tests
- _____ Breast cancer
- _____ Vaginal bleeding (undiagnosed)
- _____ Lupus with positive antiphospholipid antibody
- _____ Headaches with aura
- _____ Ischemic heart disease (current or history of)
- _____ Breastfeeding < 6 weeks post-partum

RISKS/ SIDE EFFECTS:

- Menstrual bleeding changes and/or spotting between periods – very common and not predictable
- Pain, irritation, or bruising at the insertion site
- Infection after insertion
- Scar tissue may form around the implant making it difficult to remove
- Injury to nerves or blood vessels in your arm

WARNING SIGNS: I have been told that I need to call if I experience any of the following early warning signs:

- Period late (possible pregnancy), extremely abnormal spotting or bleeding or no bleeding
- Heavy menstrual bleeding and fatigue or dizziness
- Pain in my lower leg that does not go away
- Sudden severe chest pain or shortness of breath

- Symptoms of severe allergic reaction including swelling of face or tongue, trouble swallowing, or hives
- Not feeling well, fever, chills
- Problems sleeping, tiredness or feeling very sad
- Signs of infection: redness, tenderness, warmth, drainage, or pain at insertion site.

ALTERNATIVES: I have received written information about other methods of birth control and I choose an implant.

INSTRUCTIONS: I have been told how the implant is inserted. I have read and will follow the instructions provided to me. I understand I should feel the device under the skin after insertion to confirm its proper placement. I understand that the implant does not protect me from sexually transmitted infections (STIs) and that I will need to use condoms for STI prevention.

DECISION TO DISCONTINUE USE: I understand that I may have the implant removed at any time. If I do not desire to become pregnant, I have been told I may request to have another implant inserted or choose to use another method of birth control.

I have read the above and understand the Client Education/Consent Form. I hereby release that a person authorized by _____ (SBC Location) examine and treat me and that a subdermal contraceptive implant be provided to me. I have been given the package insert and have been advised to read the entire insert. I have had the opportunity to ask any questions.

Client Signature

Date

Counseling Staff Signature

Date

Copy of consent given to client _____ Declined _____

Notes: